

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Harriet L. Robinson, Ellen F. Fynan, Robert G. Webster and Shan Lu

Serial No.: 08/187,879

Group Art Unit: 1633

Filed: January 27, 1994

Examiner: D. Clark

For: Immunization by Inoculation of DNA Transcription Unit

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231

on 12-13-99

Date

Signature

HEATHER B. HILL
Typed or printed name of person signing certificate

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated July 13, 1999 of the Primary Examiner finally rejecting claims 44-51, 62-64, 67-72, 74, and 78-89. The item checked below is appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated July 13, 1999 for two months from October 13, 1999 to December 13, 1999.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

12/17/1999 SLUWMB1 00000015 08187879

01 FC:119
02 FC:116

300.00 CP
300.00 CP

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for 2 months		\$ 380
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input type="checkbox"/>	Oral Hearing		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 300
<input type="checkbox"/>	Other _____		\$ _____
	TOTAL		\$ 680

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$680 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

David C. Brook Reg. No. 22,592

By *for Elizabeth W. Mata*

Elizabeth W. Mata

Registration No.: 38,236

Tel.: (781) 861-6240

Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: *12/13/99*